



*Emope*

2236  
2836

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/079,336
		<b>Filing Date</b>	2/19/2002
		<b>First Named Inventor</b>	Vladislav Vashchenko
		<b>Group Art Unit</b>	2236
		<b>Examiner Name</b>	Boris Benenson
Total Number of Pages in This Submission		<b>Attorney Docket Number</b>	P05143

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <b>Remarks</b>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for retransmittal of Office Action

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Jurgen Vollrath
Signature	
Date	4/21/2004

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text" value="4/21/2004"/>	
Typed or printed name	Jurgen Vollrath
Signature	
Date	4/21/2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PATENT

**CERTIFICATE OF MAILING**

I certify that on 4/21/, 2004, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450 Alexandria, VA 22313-1450

Jurgen Vollrath

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of	)	
	)	Art Unit: 2236
Inventor: Vladislav Vashchenko	)	
	)	
Serial No.: 10/079,336	)	
	)	Examiner: Boris Benenson
Filed: February 19, 2002	)	
	)	
Title: ESD PROTECTION CIRCUIT WITH	)	
	)	
THREE TERMINAL DIODE STRUCTURE	)	

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

**REQUEST FOR RESUBMISSION OF OFFICE ACTION**

1. Applicant has submitted a change of address form herewith.
2. It has come to Applicant's attention that an Office Action was mailed in this matter on March 2, 2004 to the old correspondence address.
3. Applicant therefore failed to receive the Office action and requests herewith that the Office Action be retransmitted to the new correspondence address provided on the change of correspondence form: 588 Sutter Street #531, San Francisco, CA, 94102.

Respectfully Submitted,

Dated: 4/21/, 2004

  
\_\_\_\_\_  
Jurgen K. Vollrath

VOLLRATH & ASSOCIATES  
588 Sutter Street # 531  
San Francisco, CA  
94102

Tel: 408-667 1289